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*Unions*

In addition to business owners, unions carry strong influence in Michigan workplaces. Unions present a well-organized way of reaching blue collar workers in Michigan and in fact, health promotion messages are commonly delivered through union communication channels.

Although only about 20 percent of Michigan workers are unionized, these are generally employees of the largest companies. Therefore less effort is needed to reach a large number of employees. About half of union members in Michigan belong to the United Auto Workers (UAW). In addition to auto industry employees, the UAW represents a broad range of workers in many settings. Other influential unions representing manufacturing, the service sector, and the health care industry in Michigan include the Teamsters, the American Federation of State, County, and Municipal Employees (AFSCME), and the Service Employees International Union (SEIU). As mentioned in a previous section, the Michigan Education Association and the Detroit Federation of Teachers are very influential unions that represent Michigan teachers. Most of these unions are affiliated with the AFL-CIO, which is an umbrella organization representing the interests of unions in general.

Unions are an important force in Genesee County, Detroit, and the Upper Peninsula. In Genesee County, 40 percent of employment is in the manufacturing sector. The largest employer is General Motors, with nine manufacturing plants in the county. A survey commissioned by *The Flint Journal* in 1989 estimated that 41 percent of county residents had a household member who belonged to a union.

Conversations with union leaders often reveal a reluctance to support tobacco reduction efforts. While most are interested in promoting good health among union members, there is a strong sense of not wanting to tell members how to run their lives. Tobacco industry promotion of so-called "smokers' rights" has successfully linked smoking cessation with invasion of privacy in the minds of many workers.

The issue of workplace smoking restrictions causes even greater resistance. Smoking is viewed as a condition of employment that was hard won during the early years of union activity. Union representatives cite court decisions stating that smoking policies must be open to collective bargaining. Additionally, employers' concerns about smoking in the workplace are often suspected to be tactics to divert attention from other job safety issues.

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*Finding Common Ground*

Nevertheless, some contacts offered advice on how to begin building relationships with business networks and unions. As a start, the ASSIST Project could engage individual business owners who are interested in tobacco control efforts. There are several large and influential businesses in Michigan that have established smoke-free workplaces and support health promotion programs, including Comerica Bank, Michigan Bell Telephone, and the Unisys Corporation. Michigan's most influential corporations, the automobile manufacturers, have also instituted workplace smoking policies. Contacts with medical staff in auto plants have been very supportive of ASSIST efforts. Some of these businesses have been contacted to participate in the ASSIST planning process.

Health care costs were most often cited as the "hook" for getting business networks interested in tobacco control efforts. As health care costs continue to climb, many business owners are looking for the least painful means of cutting these costs. Well-designed information on the economic costs of smoking may be of significant interest. Helping employees to quit smoking could also be presented as an issue on which management could be looked upon favorably by the union. Unless the ASSIST Project is able to work cooperatively with statewide business networks, interventions may have to be achieved on a workplace-by-workplace basis, which is much less efficient.

Finding common ground with unions often requires finding the right person in the organization. Gaining access to unions through employee assistance representatives or health benefits representatives is one way to create supportive links. While union leadership does not always reflect the same interest in health promotion as these individuals, their understanding of the organization could be the key to gaining influence with the leadership. An important factor in working with unions will be to break down the defense of "smokers' rights" that has been successfully built by the tobacco industry. Smoking cessation resources and clean, smoke-free air must be viewed as benefits, not restrictions, if unions are to become interested in the ASSIST objectives.

It was generally agreed that interventions in worksites should first focus on health information and cessation services. These resources can serve to prepare and soften a workplace for the implementation of smoking restrictions.

*Specialized Worksites*

One area in which inroads have been made into worksites is in state employment. Several factors, including Governor John Engler's recent Executive Order that banned smoking in state office buildings, have increased interest in smoking and health issues on the part of the Department of Civil Service and the Office of the State Employer. Tobacco use will receive increased attention in civil service health risk appraisals and that department is

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considering sending a representative to TFMAC. Since there are 62,000 state employees in Michigan, these efforts could have significant value.

It was suggested that worksite interventions be directed at law enforcement personnel due to high smoking rates among these workers. A contact with the Michigan Sheriffs Association uncovered interest in helping employees of Michigan's 83 county sheriff departments quit smoking. This group is also interested in working on youth access issues. Contact with the Sheriffs Association could lead to increased efforts toward smoke-free county jails, which are under the direction of the county sheriffs. Similar efforts with law enforcement might include the Michigan State Police and the Michigan Association of Chiefs of Police. A contact has also been made with the Michigan Fire Chiefs Association.

*Supportive Regulation*

ASSIST efforts in worksites will be aided by the release of the long-awaited Environmental Protection Agency report on the health impact of environmental tobacco smoke. This report should prompt more employers to be concerned about the liability involved in exposing workers to a Class A carcinogen. The report will be even more helpful if it leads to action on the part of the Occupational Health and Safety Administration (OSHA) in restricting workplace exposure of ETS.

Furthermore, the Michigan Occupational Health Standards Commission recently considered a draft standard for environmental tobacco smoke in Michigan workplaces. Michigan is one of a limited number of states that develops its own workplace health and safety standards apart from OSHA, under the Michigan Occupational Safety and Health Act (MIOSHA). Although the ETS standard was tabled earlier this year due to reluctance on the part of the Commissioners to deal with this issue, the release of the EPA report may force action on the part of the Commission.

*Business Service Groups*

The business networks listed above have as their main purpose the promotion of business interests and free enterprise through policy advocacy and education and training of their members. However, there are other networks that bring together business owners or employees for other purposes. These networks may be a good avenue through which to promote tobacco reduction efforts.

One example would be the Michigan District of Kiwanis. This organization has 9,200 members throughout 232 "clubs" in the state. It engages in organized activity in four service areas: community service, youth, spiritual aims, and its "major emphasis", which has been young children for the past several years. The Kiwanis is very active in the

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schools, which may be a way to link different ASSIST target groups and channels. The Governor of the Michigan Kiwanis is very interested in tobacco issues and has attended TFMAC meetings. He has encouraged the district to work on the issue of smoking by pregnant women and is currently trying to educate them about the effect of ETS on children. However, he cannot commit his organization to join TFMAC or become involved in ASSIST at this time because of a vocal minority within the organization that is opposing further action on tobacco control issues.

Other such service networks in Michigan include the Michigan Jaycees, the Lions, the Rotary, and the Optimists. These organizations are prime intermediaries for the ASSIST intensive intervention regions because all have local units in those areas. In addition, other business service organizations can be identified in each region. For instance, business owners and workers in Genesee County can be reached through the Zonta Clubs, Flint Women's Forum, Industrial Business Women, and the Business Women's Association.

*Worksite and Community Health Program*

A unique opportunity to make inroads into Michigan worksites can be found in the new MDPH Worksite and Community Health Promotion (WCHP) program. This program, funded at \$5 million per year, will provide money to local health departments for grants to worksites. These small grants (up to \$3,000) can be used to purchase a range of health promotion services, including smoking cessation. Providers of services must comply with state standards for each type of service.

WCHP fits well with the ASSIST focus on priority populations because it gives priority to worksites that might not otherwise have health promotion programs. These include worksites with average pay of less than \$6 per hour, worksites with employees at high risk for heart disease, and worksites whose percentage of minority employees is higher than the proportion of minorities in the state.

Also included in the program is funding for community health promotion, which could include community coalitions for cardiovascular health. In areas where that might occur, ASSIST would have a natural ally in tobacco reduction efforts.

Detroit Project ASSIST may reap the greatest benefit from this program because the distribution of funding to local health departments is based on population and years of potential life lost for cardiovascular disease. About half of the population to be served is in the Detroit metropolitan area.

The key contact suggested a means of using this program to link the ASSIST objectives of smoking cessation and smoking restrictions in workplaces. It is possible that the WCHP program standards could be revised to require that employers who receive grants for

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smoking cessation would agree to attend a workshop on developing smoking policies.  
Even if the program standards were not revised, offering the workshop on a voluntary basis to these employers could spark interest in smoke-free workplaces.

*Key informants/resources:*

1. Jan Christensen, Chief, Community Health Section, Michigan Department of Public Health
2. C. Robert Snider, Governor, Michigan District of Kiwanis
3. Dora Page, Michigan Minority Business Development Council
4. Ernie Brown, Chamber of Commerce Minority Business Enterprise Council
5. Barry Cargill, Small Business Association of Michigan
6. Nancy McKeague, Director of Government Relations, Michigan Chamber of Commerce
7. Bob Lathrop, Service Workers International Union, Local 79
8. David Groves, Consultant to Comerica Bank
9. Debbie Fogg, Health Awareness Coordinator, Michigan Department of Civil Service
10. Marc Harlow, Michigan Sheriffs Association
11. Dean Armstrong, Fire Marshall, Meridian Fire Department
12. Barbara Gattorn, Detroit Chamber of Commerce
13. Laurie Esch, Benefits Representative, UAW Local 6000
14. Mark Griffin, Interim President, Michigan Restaurant Association
15. "Tobacco Industry Huffs and Puffs at Ford Plan," *The Detroit Free Press*, July 20, 1989, p. 3C.

## COMMUNITY GROUPS

Community groups represent the most diverse ASSIST channel, offering the project the opportunity to be creative in reaching priority populations. Because there is an almost unlimited number of community groups in the state, it is important to plan interventions in this channel carefully and selectively, so as to have the best use of resources.

For the Michigan ASSIST Project, community groups will be defined very broadly in order to reach priority groups that are not a part of any other ASSIST channel. For example, one of Detroit's priority populations is African American men. A segment of that population is men who did not graduate from high school, are currently unemployed, have no health insurance, and do not seek health services on a regular basis. It is likely that they are not members of organized community groups. To reach them with nonsmoking interventions, it is necessary to find them where they are in the community. Therefore, a neighborhood basketball game fits into our definition of the community groups channel.

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By definition, community groups are most often a local phenomenon. These groups set their own agendas according to the needs of the people and locality they serve. This channel will therefore be most useful in the intensive intervention regions of Detroit, Genesee County, and the Upper Peninsula. The ASSIST objectives state that major community groups and organizations that represent the priority populations and have broad-based statewide reach should be involved in ASSIST activities. Therefore the state project will attempt to include organizations that have statewide coordinating offices or councils and use this link to influence local priorities. However, this type of "direction from above" may be ineffective or even resented on the local level.

It is also important to recognize that many community groups consist entirely of volunteers and/or have very small budgets and few staff. In order to interest them in the project, they must see that an investment of their limited resources will bring a clear benefit to their constituencies or help them achieve their goals. Furthermore, because they have limited resources, participation must be made as easy as possible.

An obstacle to working with some community groups is that they receive funding from the tobacco industry. This is often true for organizations serving minority groups and women, which are major target groups for the tobacco companies. Dependence on this funding may make them less likely to participate in efforts to reduce smoking.

On the other hand, the ASSIST Project can look to tobacco industry promotion for ideas on how best to reach priority groups in communities. Although ASSIST cannot replace the tobacco funding flowing into these organizations, other ideas may be useable. For example, crowds (including children) have been spotted around a Salem van in Detroit that offers free cigarettes and a view of a sexually provocative video. Perhaps the ASSIST Project can use creative ideas such as this to send an opposing message to people in communities across the state.

This is also an area that offers many opportunities to combine efforts between channels. For instance, law enforcement officials, health care providers, and school personnel are often used as speakers for community groups. Therefore efforts to educate professionals in worksites, health care settings, and schools may benefit the community groups channel as well.

Because community groups are so diverse, all priority groups can be reached through this channel. However, using community groups to focus on persons who are missed by the other channels would be most productive. These might include racial and ethnic minorities, youth (particularly drop-outs), low income and less educated individuals, and women. The discussion that follows provides more specific information on the channel sectors that would be useful in reaching particular populations.

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*Neighborhood Organizations*

In Michigan's cities, there is significant interest in preserving and protecting the quality of neighborhoods. Local families band together in neighborhood watch programs or block clubs. Both Detroit newspapers recently featured articles on a neighborhood grocery store that stopped selling tobacco and alcohol. "We're doing away with beer, wine, and tobacco so that parents can feel comfortable bringing or sending their kids to our store," the owner said. CABAAT has mounted a project to strengthen a particular east side neighborhood in Detroit.

Members of these groups are most often blue collar workers who have children. In Detroit and Flint, they will most likely be African American. The challenge for ASSIST in working with these groups is that they are usually fighting significant problems in neighborhoods, such as crime, poor housing, and shrinking services. It may be difficult to draw their attention to the issue of tobacco use.

While some neighborhood groups are informal, others are structured organizations. The ASSIST Project has a directory of block clubs across the state which will be helpful in targeting these groups. Contact has been made with the Neighborhood Association of Michigan, which is willing to send tobacco-related information to members through newsletters and factsheets.

The Neighborhood Foundation is another link to these groups. This organization, established by a Detroit-area state legislator, has also indicated an interest in ASSIST. In Genesee County, the Flint Neighborhood Coalition will be helpful. There are few neighborhood associations in the Upper Peninsula because it is predominantly a rural area.

*Substance Abuse Programs*

Members of some ASSIST priority populations can be reached through substance abuse treatment and support programs. Persons in these programs are disproportionately African American and of low income and education levels. According to key informants, the smoking rate is very high among clients. Since many treatment providers are recovering users, a large number of them also smoke. ETS is a problem in most substance abuse facilities because the Michigan Clean Indoor Air Act does not apply and few centers restrict smoking voluntarily.

Treatment providers often perceive nicotine as the least harmful drug and are resistant to encouraging smoking cessation for fear it will jeopardize successful withdrawal from other drugs. Alternatively, people in substance abuse treatment are generally motivated to change their behavior and this may be an opportune time to quit smoking. Substance abuse

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prevention coordinators are more likely to support tobacco interventions than are treatment coordinators.

At the state level, substance abuse services are coordinated by the MDPH Center for Substance Abuse Services (CSAS). CSAS and the ASSIST Project have a good working relationship. Recent events, such as passage of the Synar Amendment and changes in block grant funding requirements, have heightened this agency's interest in tobacco issues. CSAS has a representative on TFMAC and is anxious to work on ways of increasing interest in tobacco cessation in Michigan's treatment and prevention programs.

CSAS can also be a bridge to other influential offices and organizations. For instance, this agency works closely with Michigan's Office of Drug Control Policy, which could bring high visibility to the project. CSAS also was responsible for the Drug Exposed Infants Task Force, which will soon release recommendations that address the problem of smoking among pregnant women. This task force estimated that 44 percent of drug users smoke during pregnancy.

Each of the ASSIST intervention regions has a local coordinating council for substance abuse services that will be an important link to individual centers in those areas. There are 18 regional coordinating centers in the state, many of which are affiliated with local health departments.

The Michigan Interfaith Council on Alcohol Problems (MICAP), which is a dedicated member of TFMAC, offers a unique opportunity to make an impact in the area of substance abuse. MICAP's purpose is to secure positive legislation dealing with alcohol and other drugs, including tobacco. Members include clergy and church leaders, which means that working with this organization impacts both the substance abuse area and churches. MICAP disseminates information through newsletters, a hot line, and a speakers' bureau.

Contact with Alcoholics Anonymous indicated no interest in dealing with tobacco issues, although some AA meetings are smokefree.

*Social Service Agencies*

Most social service agencies serve clients that are of low income and education level and many of them are more frequently used by women and families. Others are youth agencies. In bringing these organizations into the ASSIST Project, it is important to note the degree of trust and credibility that the organization has among the population it serves. For example, the Michigan Department of Social Services (DSS) can reach a large percentage of the low income population of Michigan, but interventions implemented through this agency might not be effective because most DSS clients distrust or dislike the



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agency and their relationship with it. Also, social service agencies are generally prime examples of underfunded and understaffed organizations who may be less than enthusiastic about adding yet another concern to their agendas.

At the state level, the Michigan Community Action Agency Association (MCAAA) represents 30 community action agencies covering every county in Michigan. These agencies provide Head Start programs, commodity foods, health services, housing referral, and more. MCAAA has offered to use their network for disseminating ASSIST information but cautioned that tobacco issues would be a low priority for most local agencies.

The United Way of Michigan indicated no interest in helping to coordinate ASSIST interventions among its funded agencies, noting instead that each agency should be contacted individually to determine which are interested. This will be done at the local level in the three intensive intervention regions.

Many social service agencies have offices across the state although they may not be coordinated in their operation or services. Lutheran Social Services, Catholic Social Services, and the Salvation Army are examples of such organizations. In Detroit, the Salvation Army of Southeastern Michigan indicated a strong interest in the ASSIST Project. This agency has eight facilities in Detroit that offer a wide range of services. Social workers at the Salvation Army have a high degree of credibility among clients and may be a good source of smoking cessation information for the low income group.

Also in Detroit, the Job Corps recently welcomed a former Winston model to speak to young adults in their program. Although the Job Corps is a federal initiative, contacts with directors of individual programs in the intensive intervention regions may prove worthwhile, since this program serves youth who have not completed high school but are motivated to improve their futures.

Coalition coordinators in the Upper Peninsula noted that domestic violence services reach ASSIST target groups who have a high smoking rate. This is another example of a service that can be found throughout the state. In Genesee County, VISTA workers are a credible source of information and support for people in Flint's four public housing projects. VISTA also has volunteers in the Detroit area who could be a good link to minority groups, women, and children.

Some social service agencies focus primarily on youth. Most of these organizations are willing to bring the tobacco prevention message to their young clients. A second benefit of these agencies is that the message can also be carried to parents whose children are involved with these programs.

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A good example is the Big Brothers/Big Sisters, which provides social support for children from single parent families. Most of these children are from low income families and many are from minority groups. This organization is open to helping facilitate ASSIST interventions in whatever way it can. The Michigan Cooperative Extension Service (CES) has an Institute for Children, Youth, and Families which serves both urban and rural youth from 9-18 years old. The 500 CES staff throughout the state facilitate youth programs and the organization also distributes several publications targeted toward both young people and their parents. CES may be interested in educating around the issue of youth access to tobacco.

### *Church Groups*

Churches are found in large numbers virtually everywhere in the state. Marquette County, with a total population of only 70,000, has more than 100 churches. Church groups also enjoy a high degree of credibility among their members, which make them an excellent channel for disseminating information. All target populations can be found among churchgoers to some degree.

TFMAC is fortunate to have among its member organizations the Michigan Ecumenical Forum (MEF). This organization coordinates statewide activities for many religious denominations in the state. Although it will not participate in legislative advocacy, it is willing to use its newsletter to send ASSIST-related information to its members to be passed along in church bulletins, at church group meetings, and in other ways.

As mentioned earlier, another TFMAC member, the Michigan Interfaith Council on Alcohol Problems, is an organization that can provide tobacco information and encourage activity among church leaders statewide who are concerned about addiction.

In Genesee County, two organizations can provide access to local churches: Church Women United and Concerned Pastors for Social Action. In Detroit, the Council of Baptist Pastors of Detroit and Vicinity and the Pastors Alliance are important links to church groups.

Although churches do sponsor youth activities, young people involved in church groups are probably not the primary target for smoking prevention interventions.

### *Minority Organizations*

Some community groups represent racial and ethnic minorities and therefore would be direct channels to these populations. Two major organizations are widely recognized as representing the interests of African Americans. Primary is the National Association for the Advancement of Colored People (NAACP). The NAACP attempts to ensure the

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political, educational, social, and economic quality of African Americans. The Michigan office of this organization expressed a willingness to hear more about the ASSIST Project.

The second organization, the Urban League, actually serves a more diverse population, but its major interest is African Americans. There are six Urban League affiliates in Michigan (Detroit, Flint, Lansing, Pontiac, Muskegon, and Grand Rapids) and each sets its own agenda based upon community needs. However, the Michigan Council of Urban League Executives provides some statewide direction for the affiliates and may be approached about the ASSIST Project. The president of the state council is from Detroit and the Detroit Urban League is a member of that local ASSIST coalition. The Urban League encourages a focus on health and substance abuse issues.

Latinos in Michigan receive services through centers sprinkled throughout the state, mostly in urban areas like Grand Rapids, Lansing, Flint, and Detroit. Since many of these agencies provide health services at some level, there is often an awareness of the need to address the tobacco problem. In Flint, the local contact to the Latino community is the Spanish-Speaking Information Center. In Detroit, five major agencies serve the city's Latinos, covering a wide range of services including health care, social services, immigration assistance, job training, rehabilitation, and entertainment (art and media). The Upper Peninsula has a very small number of Latino residents.

The Michigan Commission on Spanish-Speaking Affairs is a state-funded office that may be a statewide link to many of these centers. A representative of the Commission was a member of the MDPH 1989 Tobacco Reduction Task Force. This office is willing to cooperate with the ASSIST Project to the degree that its limited resources will allow.

Native Americans who live near tribal lands in Michigan may receive services through the tribes. This would particularly be the case in the Upper Peninsula. In that region, an initiative is underway to establish an American Indian Coordinating Council that would formally bring together various agencies serving Native Americans in the area, including tribal organizations and outside groups.

For the majority of Native Americans who live in urban areas, services can be obtained through several agencies. Many of them are located in Detroit. The Detroit American Indian Association provides a variety of health, education, and cultural services within the city as well as northward through the mid-section of the Lower Peninsula (Bay City-Grand Rapids line). The health coordinator of this organization is a member of the Detroit ASSIST coalition and has been invited to participate in TFMAC.

Native Americans in Detroit also receive services through the Detroit Indian Educational and Cultural Center (which belongs to the Detroit Project ASSIST Coalition), American

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Indian Services, and the North American Indian Association of Detroit. In Genesee County, the service agency is the Genesee Indian Center.

As noted in the health care channel analysis, Arab Americans are concentrated in southeast Michigan. This population receives a broad range of services through the Arab Community Center for Economic and Social Services (ACCESS) and the Arab-American Chaldean Council. Both are interested in the ASSIST Project.

As discussed in the priority population analysis, the Asian American population in Michigan is very heterogenous. Consequently, there are no service agencies or coordinating groups that serve a significant portion of the Asian American population. Although there is a state Commission on Asian and Pacific Islander Affairs, it receives no state funding and has had difficulty in establishing itself as a representative of the Michigan's Asian Americans. American Citizens for Justice heads an Asian civil rights project but does not deal with other issues. The directory of Asian American-Pacific Islander organizations in Michigan lists hundreds of small organizations serving ten different Asian groups. Although it may be worthwhile to direct the intensive intervention regions to organizations in their area, on a statewide basis it would be more feasible to reach Asian Americans through a different channel.

*Social and Civic Clubs*

A common type of organization that brings together many community members are social and civic clubs. From Detroit to the Upper Peninsula, most communities have local chapters of the Elks, Moose, Masons, and Knights of Columbus. Most members of these groups are blue collar men. Also in this category are veterans organizations, including the Veterans of Foreign Wars and the American Legion. Engaging these groups in the ASSIST Project may be difficult because of the estimated high percentage of smokers among their members. This was verified by the Upper Peninsula key community leader interviews which showed less than half of civic and social club members thought smoking should be restricted to designated areas.

For women, similar organizations include the Jaycees, Zonta, and the Junior League. The Junior League of Lansing is a member of TFMAC. An added link to women's groups may be the Michigan Women's Commission, which is a state-funded council that takes action on issues of concern to women. The Commission's health committee chair serves as its representative to TFMAC and is a leader on the tobacco-free schools project. Additionally, the Commission recently passed a resolution supporting a comprehensive package of youth access strategies. Members of the commission are interested in raising their visibility on the community level and ASSIST may be able to benefit from this association.

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In Detroit, African American sororities and fraternities are influential and active social groups and will be brought on board with the ASSIST Project.

For ASSIST, it will be important to bring in social clubs that serve youth. These include the Boys and Girls Clubs, which provide social and physical education programs throughout the state. A contact in a Detroit area club noted an increase in smoking among 15-16 year old girls. The Boy Scouts and Girl Scouts may also be helpful channels for ASSIST interventions, although these groups might appeal to children who would be less likely to smoke than other youth.

Another important type of social group is recreation programs. Although members of most athletic clubs are already more health-conscious than the general population, these clubs also provide programming for youth. Young people in these programs may be accepting of tobacco use prevention messages that come through a setting they enjoy. Contacts with the YMCAs in the Detroit area showed little interest from individual facilities, although the coordinating office seemed eager to work on getting the Ys involved in ASSIST. The Detroit Recreation Department is also an important link to youth in the city; that contact is being pursued. For the more sparsely populated Upper Peninsula, many recreation groups are specific to communities. Examples are the Hiawatha Snowmobilers Club and the U.P. Roadrunners Association.

*Informal Community Networks*

While some individuals do not participate in any formal community group, there are still networks in the community through which they might receive tobacco cessation information. These networks are places and people with whom they come in contact while going about the business of daily living.

For example, the ASSIST Steering Committee recognized that an ideal channel for information to blue collar workers would be credit unions. Many types of workers (e.g., auto workers, teachers, state employees, postal employees) take care of money matters through credit unions that are promoted at their workplace. Credit unions often take part in public service activities and may be willing to disseminate ASSIST information through newsletters, mailings, lobby displays, etc. The Michigan Association of Credit Unions may be able to coordinate these activities on a statewide basis.

A contact at another agency serving individuals with low income suggested a promotion in which dry cleaners offer coupons for free cleaning to smokers who quit, with the slogan, "Your clothes won't ever smell again!" The list of these informal channels is endless. Laundromats, bakeries, grocery stores, car washes, and bars are just a few. Even the local library can be of help in the ASSIST campaign. The contact at the Detroit Public Library was very interested in disseminating information for the ASSIST Project in that community.

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*Voluntary Health Organizations*

Three organizations that are widely-recognized in communities for help with smoking cessation and prevention are the American Cancer Society, American Lung Association, and the American Heart Association. Each of them is firmly committed to reducing tobacco use in Michigan and all are leaders in TFMAC. The three have statewide coordinating offices that work closely with the statewide ASSIST Project. In addition, local coordinators for the three organizations are active on ASSIST coalitions in the intensive intervention regions. The high visibility of these organizations in communities throughout the state will be a great asset to ASSIST in this channel.

*Key informants/resources:*

1. Jan Williams, Executive Director, Neighborhood Association of Michigan
2. Robert Garen, Coordinator-Community Relations, Detroit Public Library
3. Ruth Shelby, Black Family Development, Detroit
4. Carla Gillis, Northwestern YMCA, Detroit
5. Charles "Buzz" Steffers, Boys & Girls Clubs of Southeastern Michigan
6. Annette Seaborn, Detroit Urban League
7. Jamilla Humphrey, NAACP
8. Carroll Keegstra, Delegate, Michigan Ecumenical Forum
9. Leah Cox-Hoopfer and Doris Brickman, Michigan Cooperative Extension Services
10. Stacy Brown, Lutheran Social Services, Lansing
11. Mary Clark, Director, Big Brothers/Big Sisters
12. Mary Koch, Brightmoor Community Center, Detroit
13. Lois Harvey, Salvation Army of Southeastern Michigan
14. Jean Tubbs, Coordinator of Community Relations, Michigan Community Action Agency Association
15. Allen Rice, Executive Director, Michigan Interfaith Council on Alcohol Problems
16. Mark Steinberg and Veda Sharp, MDPH Center for Substance Abuse Services
17. Rep. Ilona Varga, Executive Director, Neighborhood Foundation
18. George Pomerey, Alcoholics Anonymous
19. Ilka, Douglas. "Grocer drops tobacco, alcohol," *The Detroit News*, July 18, 1992.

**COMMUNITY ENVIRONMENT**

The purpose of interventions in the community environment channel is to change social norms--to reduce the acceptability of tobacco use and to increase support for smoking control measures and messages. Since this is environmental change, the overall impact will

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be on all priority groups. Within this channel, certain strategies may be targeted toward certain populations, as will be discussed below.

One ASSIST objective in the community environment channel is to increase cues for nonsmoking and decrease cues for smoking in the site. To an extent, merely receiving the ASSIST contract has begun this process. The announcement of the ASSIST award was made at a press conference that received considerable press coverage throughout the state. While many advocates, including MDPH, had been active in tobacco reduction for several years, the receipt of significant funding for this purpose added to the credibility of the public health campaign. Because "money talks," the message was that tobacco use was now being taken seriously in Michigan.

*Mass Media Campaigns*

Mass media is one of the most efficient ways to send a message to the public at large. Our society is dependent on the media for both entertainment and information. Television viewing is a nearly universal activity in this country, and most Americans also listen to the radio and read a newspaper. Furthermore the media serves as a barometer of public opinion, although this presents the age-old chicken and egg question: Does the media create public opinion or simply reflect it? For purposes of ASSIST, we can assume that both are true. Information and opinions are more likely to appear in the media if they are of interest to a significant number of people, but the more information and opinions appear in the media, the more people become interested. This is one way that social norms change.

There are several ways in which the media can be used to change the environment for smoking. The most direct is through the use of public health media campaigns. Research suggests that such campaigns are effective in changing awareness, knowledge, and attitudes and in creating behavioral change. The national attention and controversy surrounding the launching of the California media campaign in 1990 shows just how powerful a strategy this can be.

MDPH has coordinated an anti-tobacco media campaign since 1989. The source of funds is a computer software sales tax, which is funneled into a broad health promotion program known as the Michigan Health Initiative (MHI). Through MHI, the anti-tobacco media campaign receives nearly \$1 million per year for production and placement of nonsmoking messages on television, radio, billboards, and posters available for general distribution. Anti-tobacco media ideas are tested in focus groups during the development process.

Messages in the campaign have been largely targeted toward teens, women, and African American women, but others are meant to appeal to the general population. In 1991, several television and radio spots from the California media campaign were added, with the

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MDPH tag line included at the end. All ads refer viewers or listeners to a toll-free health promotion hotline for information on tobacco use and cessation resources.

MHI radio, television, and billboard messages are seen statewide, with the ASSIST intensive intervention regions of Detroit and Genesee County being particularly targeted. In addition, AMC movie theaters in Detroit, Oakland County, and Lansing feature MHI anti-smoking messages during pre-movie slide shows.

Evaluations done in 1989 and 1991 verify positive impact from the anti-tobacco media campaign. In the 1991 survey, nearly 40 percent of respondents could positively identify at least one verbal or visual element of the campaign. This recall was particularly high among 10-17 year olds and 18-24 year olds, which are critical age groups for smoking initiation. This level of awareness is more than three times that typically achieved by national advertising on network television. In the survey, one in three Michigan adults reported awareness of the hotline that is promoted in the ads, and there is a strong positive correlation between airing of the ads and use of the hotline.

Followup research with hotline callers showed that 70 percent of persons receiving information through the hotline found the materials useful and that 60 percent tried to stop smoking. This is higher than the estimated 40 percent of the general Michigan population who attempt to stop smoking as reported on the BRFS. These results indicate that the MHI media campaign has set the stage for behavior change by increasing awareness of informational resources and encouraging people to seek assistance with smoking cessation. ASSIST Project staff provide advice on the media campaign within the Department and will be able to coordinate these efforts with interventions planned and funded through the ASSIST Project.

The media campaign is developed by a public relations firm from the Detroit area, Brogan and Partners. In addition to its creative ideas on tobacco reduction, this firm has shown a willingness to become involved in broader tobacco issues through assistance to the coalition working to increase the tobacco excise tax.

Part of the campaign's effectiveness is due to the fact that most of the ads are aired through paid placement, which means the timing of the ads can be carefully chosen to most effectively reach certain target groups. Funds for media placement have gone further than might be expected due to a contract with the Michigan Association of Broadcasters (MAB). Through this contract, MAB agrees to air 3,500 MDPH health promotion spots (about half of which are anti-tobacco) per month through MAB member stations. One-third of the showings are guaranteed to be during prime time. Showings are also guaranteed in Detroit, the state's largest media market. The cost for this placement is significantly lower than for direct purchase of broadcast time.



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MAB participated in the Department's 1989 Tobacco Reduction Task Force, but withdrew its name from the final report because it would not support the task force recommendation to ban tobacco advertising. At that time, the MAB representative indicated that the organization would be willing to help with other tobacco-related activities as long as they did not relate to the advertising issue. The MAB media campaign contract suggests that this is still the case. This will be an important link for the ASSIST Project in working in the community environment channel.

The media campaign also has a contract with the Michigan Cable Television Association (MCTA), which distributes inserts shown on MTV, CNN, TNT, USA, LifeTime, and ESPN. Many of these stations are targeted toward ASSIST priority populations. Contact with this association showed initial interest in the ASSIST Project, which will be explored in further discussions. As several groups (e.g., Arab Community Center for Economic and Social Services; American College of Cardiology, Michigan Chapter) noted that they use cable television programs to get information to their members or clients, a relationship with MCTA could be very useful to the ASSIST Project.

The MDPH media campaign has also been used to highlight other tobacco activities. For instance, one of Detroit's largest and most well-known office buildings, the Fisher Building, recently went smokefree. To draw attention to this event, a display of media campaign materials was placed in the building lobby and the press were invited to attend the exhibit.

The Department is involved in another media campaign related to smoking. In 1990, a statewide public information campaign called "Baby Your Baby" was launched in a joint effort by MDPH, Blue Cross/Blue Shield-Michigan, MAB, MCTA, and the Michigan Department of Social Services. This unique public/private initiative uses television, radio, and print to inform pregnant women of the importance of healthy behavior before and during pregnancy and to provide information about prenatal care. Included in the campaign are messages about the dangers of smoking during pregnancy.

Michigan also benefits from national or statewide media campaigns mounted by the voluntary health agencies and other organizations. These include the ACS Great American Smokeout, Through with Chew Week, and World No-Tobacco Day. Research suggests that combining mass media campaigns with other related materials, such as school-based programs, enhances the value of the media messages. Many of the campaigns mentioned here have supplemental materials that can be used in the classroom and with the general public.

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Residents of Detroit and Chippewa County (in the Upper Peninsula) have access to Canadian television and radio stations and may benefit from Canada's anti-tobacco media efforts as well.

The most effective media campaigns use paid advertising rather than depending upon public service announcements to spread the anti-tobacco message. This, of course, makes this community environment strategy quite costly. Restrictions on the amount of ASSIST funds that may be used for paid media further limits this as a major strategy for the Michigan ASSIST Project. Therefore, it is extremely important that TFMAC and Department tobacco staff persistently advocate for continuation of the MHI anti-tobacco media campaign. To enhance the value of the campaign, the ASSIST Project may consider producing or financing materials that supplement the media messages.

Media Advocacy

Because of the cost of paid media, advocates have had to become experts in creating free media exposure. TFMAC and local tobacco control coalitions have used press conferences, community events, luncheons, health fairs and myriad other opportunities to draw media attention to the tobacco reduction message. Coalition coordinators in the Upper Peninsula are particularly active in this way. The Marquette County Tobacco OR Health Community Coalition invited a television station to accompany them on a youth "sting operation," which led to a very powerful media story. The coalition further capitalized on this activity by piling the illegally purchased tobacco on a local school playground and filming a public service announcement at the scene. Other U.P. coalitions have gained broadcast and print exposure for the R.A.T. (Run Against Tobacco) Race, a "Go for the Gold" contest associated with the Great American Smokeout, and a survey of tobacco use among local school children, among other activities.

To maximize effectiveness with the media, TFMAC held a media workshop for the coalition last year. Presenters were a Lansing-based public relations expert who works with the American Lung Association of Michigan on tobacco issues and a political reporter with one of the major Detroit radio stations. These professionals gave TFMAC members an insider's view of the media and presented tips on how to work with them most effectively.

Adding to the media expertise available to the coalition are the public relations offices of the Michigan affiliates of the American Cancer Society, American Lung Association, and the American Heart Association. These organizations have agreed to participate in the ASSIST community environment planning group and have helped on various tobacco-related media events sponsored by the Department and the coalition.

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A media advocacy strategy will be most effective if the coalition works at cultivating contacts in the media. The TFMAC co-chairs, who most often serve as spokespersons for the coalition, take care to accommodate media requests in a helpful and timely way. Consideration has been given to holding meetings with the editorial boards of *The Detroit News* and *The Detroit Free Press*, which most likely will happen during the ASSIST intervention phase. Formalizing a relationship with the Michigan Association of Broadcasters, noted above, and the Michigan Press Association (MPA) would be very valuable. MPA was a member of the 1989 MDPH Tobacco Reduction Task Force, but like MAB, withdrew its name from the final report over the issue of banning tobacco advertising. To reach ASSIST priority populations, efforts must be made to develop contacts within the media serving minority communities.

Local coalitions have been especially successful in recruiting media representatives to be a part of community tobacco control efforts. The Upper Peninsula coalitions have several print and broadcast representatives, which directly relates to their success in media advocacy. One of the co-chairs of the Genesee County coalition is the marketing director for Flint's largest hospital. Additionally, coalition membership of a Genesee County television station led to free studio time for production of a clean indoor air public service announcement a few years ago. In Kent County, a good relationship with the local billboard company led to the donation of billboard space to promote the community tobacco reduction coalition.

Tobacco media advocacy in Michigan will be enhanced by a TFMAC media spokesperson network that is now being established. Coordinators have been identified in each of the state's seven media markets. Their initial task will be to identify potential media spokespeople that fit several categories (e.g., teacher, public official, physician, parent, etc.). Once this network of "experts" is established, the coordinators will approach media in their area to introduce themselves as the contact point for tobacco media stories. When contacted, they will put the media in touch with the appropriate spokesperson. It is hoped that the network will be proactive in creating new stories as well as reactive to externally generated events. Plans for an intensive media training for individuals in this network are being considered.

*Informal Communication Networks*

In addition to mass media, many Michigan residents get information through newsletters and other communication mechanisms sponsored by organizations to which they belong. People generally join organizations because they share the organization's philosophy or are a part of the organization's constituency. Consequently, information and opinions in these publications may hold high credibility with members and may be extremely useful in changing social norms.

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In its organizing stages, TFMAC did an inventory of all members' communications systems. Virtually every organization has a newsletter and is pleased to include TFMAC information in it. Through the site analysis process, many of the non-TFMAC organizations contacted have newsletters and are willing to use them to pass along tobacco reduction information, even if they take no larger role in the ASSIST Project. Such a network has the potential to reach hundreds of thousands of Michigan residents through relatively little effort. Tobacco reduction information could be communicated through these same organizations at conferences and meetings as well.

*The Value of Policy Change*

Changes in public policy for tobacco control also serve as important cues for nonsmoking. The most direct of these would be smoking bans or restrictions in public places, restaurants, schools, and worksites. These types of restrictions not only remind smokers that this behavior is unwanted, but reinforce for nonsmokers the belief that they deserve to breathe clean air. As the ASSIST Project works to create smoking restrictions in various public places, public perceptions of smoking as undesirable will follow.

Similarly, public policies that reduce youth access to tobacco help to support nonsmoking as the norm. Even more than other tobacco control policies, youth access laws are supported by the vast majority of the public, including smokers. When society as a whole can unite behind the concept that young people should not smoke, the value of nonsmoking is enhanced for adults as well. There is currently significant activity to strengthen youth access laws on the state and local level in Michigan.

Another example of increasing cues for nonsmoking through policy is insurance. Many health insurers charge lower premiums for nonsmokers and property insurance premiums are often less for households with no smokers. Both such policies create a direct financial benefit for people who do not smoke, reinforcing the social value of nonsmoking. Likewise, when a health insurance policy provides coverage for smoking cessation services, this sends the message that quitting smoking is of considerable value.

*Policies that Decrease Cues for Smoking*

Until recent years, the community environment has generally supported smoking as an acceptable social activity. The proliferation of tobacco advertising has been one of the main means of promoting social images of smoking. Because so much of tobacco advertising is a national effort, most public policy around advertising is negotiated at the federal level. However, one area in which the state and localities can have an impact is on tobacco billboards.

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The state's strongest effort to combat the problem of tobacco billboard advertising has been mounted in Detroit, under the leadership of former county commissioner Alberta Tinsley-Williams. As mentioned earlier, the Coalition Against Billboard Advertising of Alcohol and Tobacco (CABAAT) has created grassroots support for ridding central city neighborhoods of these ads. In addition to public demonstrations of support and educational programs, CABAAT is currently working with the city to change the zoning ordinance that regulates placement of billboards.

At the state level, two proposals were introduced in the Michigan legislature this session that would have banned tobacco billboards. Both of these were included in broader bills which regulated all billboards. This indicates that there may be some general acceptance of the need to treat tobacco advertising differently than other billboard advertising. Earlier this year, a well known and respected wife of a former governor, Helen Milliken, publicly supported these efforts to regulate billboards, specifically mentioning the problem of alcohol and tobacco advertising.

Other promotional efforts by the tobacco industry keep alive the notion that tobacco use is desirable. These include the distribution of free samples, offering of tobacco-related giveaway items with tobacco purchases, and brand name tobacco signs that adorn the facades, doors, counters, and racks of local stores and gas stations. These are all practices that can be addressed at the state and local level through ASSIST policy interventions. Removing these social cues will be important to creating a community environment that supports nonsmoking.

There will be significant opposition to attempts to regulate advertising and promotion practices. As mentioned earlier, the MAB and MPA both withdrew support from the Tobacco Reduction Task Force report because of the recommendation to ban tobacco advertising. Most media representatives raise First Amendment concerns when this issue is discussed. Furthermore, when a local ordinance proposed in East Lansing would have regulated in-store tobacco displays, distributors and retailers voiced their opposition strongly enough to have that provision killed. The restrictions on free samples in that ordinance were also weakened considerably.

*Exposing Tobacco Dollars in Politics*

A major contributing factor to public policies that support smoking is the large amount of money the tobacco industry gives to political election campaigns. These campaign donations place pressure on legislators to oppose, or at least not support, tobacco control initiatives.

There is some indication that public opinion may be turning against this ploy by the tobacco industry to gain favor in the policy arena. In Michigan in the past year, two

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newspaper articles featured the issue of campaign contributions and other "donations" made to legislators by tobacco companies and other special interest groups. One of the legislators discussed in the articles was the chair of the Senate Health Policy Committee, who controls debate on most tobacco-related bills in that chamber.

*Increasing Public Support for Tobacco Policies*

A second ASSIST objective for the community environment channel aims for increased and strengthened public support for policies on clean indoor air, youth access, economic incentives (including taxation), and advertising restrictions.

A recent survey indicates that public support for most of these measures in Michigan is already high. The survey was commissioned by the American Lung Association of Michigan and conducted by an independent firm, Public Sector Consultants' Public Opinion Research Institute. The survey results were released in two parts.

The first release discussed cigarette taxes and the 1992 state elections. According to the survey, 52 percent of respondents supported an increase in the cigarette excise tax, while only 16 percent favored a decrease. Support for increasing the tax increased substantially if the proposal earmarked revenue for health and education purposes. Such earmarking raised the level of support to 72 percent of those surveyed, including 55 percent of smokers.

Another section of the survey tested the electability of candidates for the state legislature based upon the candidate's support for increasing the excise tax to help fund education and health programs. Respondents were asked to choose between two hypothetical opponents. The highest level of support was found for the candidate who voted to increase the cigarette tax. These data corroborate a March, 1992, *Public Health Monitor* survey which found that 55 percent of the public would be more likely to support a candidate for the legislature who favored increasing the cigarette tax and dedicating the new revenues to local public health programs.

A second release of survey results reported on public support for youth tobacco issues. In this section, 73 percent of respondents indicated support for banning the sale of tobacco in vending machines, 66 percent favored a prohibition on the distribution of free tobacco samples, and 59 percent supported licensing of tobacco retailers.

Although a clear majority of Michigan residents support major tobacco control policies, more work is needed to bring about support that is strong enough to force action in the state legislature and local policymaking councils. The efforts discussed above--mass media campaigns, media advocacy, newsletter networks, and others--can be used to increase public

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awareness of the need for strong tobacco control measures and to create a community environment where such policies are the norm.

*Key contacts/resources:*

1. Kimberly Maki, Public Relations Director, Michigan Cable Television Association
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5. Flynn, Brian S., et al. "Prevention of Cigarette Smoking through Mass Media Intervention and School Programs," *American Journal of Public Health*; 82(6): 827-834, June, 1992.
6. Erickson, Allan C., et al. "Past Lessons and New Uses of the Mass Media in Reducing Tobacco Consumption," *Public Health Reports*; 105(3): 239-243, May-June, 1990.
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## COALITION PROCESS

The Michigan ASSIST Project Steering Committee was the major source of direction for the statewide portion of the channel analysis. At the summer meeting of the Steering Committee, members offered a wealth of information on contacts within each of the five channels. ASSIST staff at MDPH and ACS then followed up on these contacts. In addition, members of the Steering Committee and TFMAC who represent key statewide organizations were asked to complete written versions of the key informant interview, some of which were included in the final version of the site analysis.

The channel analysis process suffered from an embarrassment of riches. From the great number of contacts suggested by the Steering Committee, staff made initial decisions on which groups should be contacted. Even this more limited group yielded more information than could be included in the channel analysis. Further decisions on which groups should ultimately be involved in ASSIST will come during the planning process this fall. The challenge for ASSIST staff will be to present the information in a manner that is easily accessible and useful to the planning groups.

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While each of the intensive intervention regions uncovered an equally large volume of information, only selected pieces of them were included in this version of the site analysis. Each region has compiled a site analysis for its own area that will be used by the local coalitions for planning and decision-making specific to that region.

In Genesee County, the channel analysis was completed by staff with direction from the coalition regarding important contacts to be made. In Detroit, the channel analysis was the main activity at two ASSIST Coalition meetings. Initially members brainstormed all potential contacts within each channel. At the following meeting, the group chose the key organizations and individuals from among the larger list. Members then volunteered to make these contacts, using materials prepared by ASSIST staff. Most members were enthusiastic about doing the interviews, a feeling that was reinforced by positive contacts in the community. The Detroit document was prepared by staff.

In the Upper Peninsula, each of the six local coalition coordinators identified community leaders who were sent the key informant interview. These leaders made up a list of nearly 1,300 individuals, more than 800 of whom returned the requested information. Coordinators supplemented this with additional information they collected in their communities. The U.P. field coordinator then blended this information into a comprehensive document for the U.P., including information that reflected channels region-wide. After fine tuning, the field coordinator expects to distribute this document widely among U.P. agencies.

Due to time constraints, none of the coalitions was able to review the channel analysis before it was submitted to NCI. This review, and any forthcoming revisions, will be done this fall. It is assumed that identification and contact with key organizations and individuals will continue through the life of the project, even though the final submission of the site analysis is completed.



## COALITION RESOURCE ANALYSIS

### *Tobacco-Free Michigan Action Coalition*

TFMAC's major strength is that it is an established coalition that has proven its commitment and capabilities in tobacco reduction. Many of the problems that accompany the birthing of a new coalition are long past. Furthermore, it has always had a strong policy focus, which is ideally suited to the ASSIST Project. TFMAC members understand the rationale behind using policy change to reduce tobacco use and are willing participants in the education and advocacy process.

The large size of the coalition is well-suited to statewide efforts. Information can be disseminated easily through this large network using newsletters, meetings, annual conferences, committee structures, etc. The current TFMAC structure, which uses smaller committees to plan and implement specific tasks or projects, has worked very well.

At the core of the coalition are the Michigan affiliates of the American Cancer Society, the American Lung Association, and the American Heart Association. In Michigan, we are fortunate to have an excellent working relationship between these three voluntaries, as well as between the voluntaries and the state health department. Since the voluntaries are the organizations most closely associated with smoking issues in the public mind, their high visibility in the coalition adds public credibility and recognition to the effort. Furthermore, their participation facilitates coordination of the major cessation and prevention services already in existence with new efforts under ASSIST.

TFMAC's greatest strength lies in the schools and health care channels. For schools, most of the key intermediary organizations are members of the coalition. The TFMAC Tobacco-Free Schools Committee has been active in promoting smoking bans in schools for over a year, so activities are currently in place that can be blended into the ASSIST plan. The committee has already forged linkages necessary to reach the ASSIST objectives for schools.

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Most of the key organizations in the health care channel are also actively involved in TFMAC. These groups have an inherent interest in reducing tobacco use and many have significant resources that can be put behind the effort. This is another channel in which efforts are already underway to achieve the ASSIST objectives that can be built upon in the ASSIST plan.

As was noted in the channel analysis section, however, TFMAC is lacking adequate representation from worksites, the media, unions, and minority groups. In this regard, the site analysis process has been very helpful in identifying a wealth of organizations that can add to the depth of the group. Some organizations contacted were eager to join the TFMAC effort. Others were more hesitant, but willing to participate on a limited basis as "experts" in the ASSIST planning process. A goal will be to interest some of these organizations in participating in the ASSIST Project over the long term. Additional efforts to identify and recruit new members from these groups will continue through the next year.

Given these observations, TFMAC would be wise to consider the following when launching Phase II interventions:

- It would be easiest to begin by building on current efforts in schools and health care settings.
- Priority should be given to orienting newly-recruited members to the coalition as quickly as possible to capitalize on their interest.
- TFMAC will be reviewing and revising its legislative agenda as the new legislative session begins in January, 1993. This allows for the coordination of ASSIST objectives and current TFMAC legislative activities.
- Efforts focused on youth have the strongest support among the general public and could be used to build support for broader tobacco control efforts in the future.

*Upper Peninsula*

In the Upper Peninsula, eleven local tobacco reduction coalitions are united through the Upper Peninsula Tobacco OR Health Coalitions, a network made up of the nine regional ASSIST coordinators. A major strength of this structure is that it maintains close ties to the local communities in the region.

An important achievement of coalitions during this first year has been mobilization of U.P. residents behind the project. The key community leader mailing referred to earlier helped the coalition coordinators to identify more than 100 people across the U.P. who are willing to become members of local tobacco reduction coalitions.

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Furthermore, because the major voluntary organizations are members of these coalitions, ASSIST efforts can link the services of ASSIST, ACS, AHA, and ALA to maximize cessation and prevention opportunities while avoiding duplication.

The coalition coordinators were sobered by data showing that as many as 50 percent of smokers in the Upper Peninsula may not have graduated from high school. This fact, paired with the large number of unemployed workers or workers in low-income retail and service jobs, makes it more difficult to use traditional approaches to cessation and prevention programs, approaches which coalition members may be most familiar and comfortable with. Fortunately, the ASSIST site analysis process uncovered many channels to use in presenting non-traditional approaches to reach this target group. It will be necessary to influence the channels which previously may not have participated in health programs to implement tobacco use education, prevention, and cessation programming.

Although the lack of resources available through ASSIST and other sources continues to be a problem, getting the resources to people in a form that makes an impact on them is even more of a concern. Incentive programs, either at a worksite or community level, will be necessary to spark community interest in cessation efforts.

To facilitate interventions when Phase II begins, the UP ASSIST coalition network will give first priority to regional umbrella organizations to implement interventions on a regional scale.

The first step in ASSIST interventions will be to use all channels in promoting ASSIST objectives and non-tobacco use. A variety of newsletters from the channels can be used to reach a wide segment of the population. These could include PTO bulletins, worksite employee newsletters, school board letters, news media articles, and service club updates. There will also be presentations made at these same groups. These awareness building activities will help increase membership recruitment and calls for action.

The U.P. Coalitions will need to attract a more diverse membership. The site analysis has identified several groups that have not traditionally been a part of public health programming. The primary method to interest them in the U.P. will be face-to-face appeals. Presentations must be given to groups affected by ASSIST. Follow-up meetings must be carried out to pursue those who express an interest in helping to reach the goals of ASSIST.

Now that the site analysis has identified priority populations, the more difficult task will be to identify programming that will be attractive to these groups. An increase of membership by those having experience with the target groups will be mandatory (peer leadership).

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*Genesee County*

As the coalition currently exists, it has the capability to reach all of the priority groups to some extent. It feels confident about the ability to reach school-aged youth through contacts with the Flint Community Schools and the Genesee Intermediate School District. They not only have direct access to the youth, but the teachers and school personnel as well.

It also has strong ties with various health care settings and providers within the community. It is currently exploring ways to access a larger number of the health care providers who have direct interaction with our target populations. With the ties that the Genesee County coalition currently has with hospitals, the Medical Society, and previous relations with the Medical Assistants Association, a strong base exists that can be built upon.

Although minorities are represented within the coalition, these individuals do not represent organizations with specific interests of minority people. Because of small staffs and limited budgets, many organizations cannot afford to have personnel involved in peripheral activities. However, the staff at the Genesee County Health Department believe that cooperative relationships exist, and collaborative efforts are a possibility with agencies such as the Urban League and the Spanish-Speaking Information Center.

Worksites offer great potential as well as great challenges. The coalition does have some representation from worksites, but not from the large, blue collar employers that it is focusing on. The coalition is developing relationships with the UAW and is also seeking out other large employers such as the banks. The coalition also realizes the importance of reaching the many small businesses who employ the majority of the working population. It is still exploring what ways might be most effective.

Through these relationships, the coalition is capable of supporting various activities through expansion of its current activities, continuation of coalition recruitment efforts, and outreach to agencies with similar interests but limited staff. Channels in which the coalition has the greatest strength are schools and health care settings, and to some extent community groups. It will be able to reach all of the target populations (to some extent) through these channels. This does not imply that the coalition will only work through them. The coalition will continue to strengthen the worksite network, the media channel, and expand to community groups serving minorities.

*Detroit*

As with the other coalitions, the Detroit Project ASSIST Coalition has its greatest strength in the health care area. Representatives of both public and private health care

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organizations as well as health care providers are interested members of the coalition. Because large numbers of people in Detroit receive primary health care through public institutions, current participation by several divisions of the Detroit City Health Department is highly beneficial.

Furthermore, there is a history of collaboration among health and social agencies in Detroit. Because of this history, the core of coalition members has the ability to attract other community groups toward the project. In Detroit, there is a wide range of community agencies and groups that can be tapped to participate in ASSIST efforts. Since the coalition has chosen to define the community groups channel in very broad terms, opportunities for intervention such as a corner basketball game or informal neighborhood activities will not be passed over.

To the coalition's benefit is the fact that many educational institutions in Detroit, such as Wayne State University (a coalition member), have a mission to serve the urban population. These institutions have significant expertise, community status, and other resources to bring to the coalition effort.

One of the coalition's greatest assets is that organizations and individuals in Detroit are accustomed to being creative, cooperative, active, and persistent in working on community problems. Coalition efforts are common in this community and receive significant public support.

To add greater depth to its membership, the Detroit Project ASSIST coalition must recruit representatives from worksites and unions. A link to these groups was uncovered at the September meeting and is being explored. Also missing from the coalition are representatives from the schools. Due to the current teachers' strike in Detroit, outreach in this channel has been put on temporary hold.

Because the Detroit coalition is newly established, it does not yet have visibility within the city. This somewhat hampers recruitment efforts.

ASSIST efforts in Detroit during Phase II would logically begin in the health care channel, and more specifically through the many community health programs associated with the Detroit City Health Department. The Department serves as both a coordinator and a provider of services and has the structure in place to reach a large number of priority populations in relatively quick order.

Since the Detroit coalition has good representation from health care provider organizations, it could also easily fit into statewide efforts in physician training that are currently underway. One of the sites for the NCI "Train the Trainer" sessions mentioned previously

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